

# DELAWARE DEPARTMENT OF INSURANCE

## CERTIFICATE REQUEST FORM

How to send this form:

Fax: (302) 622-4497 – Attention: Company Licensing

Email: [BERG@state.de.us](mailto:BERG@state.de.us)

Mail: Delaware Department of Insurance  
Attention: Company Licensing  
841 Silver Lake Blvd. Dover, DE 19904

### COMPANY INFORMATION

COMPANY NAME

CONTACT PERSON

SHIP TO: Street Address

Suite/Unit #

City

State

ZIP Code

Contact Number ( ) NAIC Number :

Please ship using my Fed Ex Account: # Please ship using my UPS Account: #

### Certificate Information

#### Request for Year-End Certificates (Please list number of certificates being request beside each certificate.)

Certificate of Market Conduct	Certificate of Compliance	Certificate of Deposit
Certificate of Authority	Certificate of Compliance/ Good Standing	Certificate of Capital and Surplus

#### Request for Various Certificates (Please list number of certificates being request beside each certificate.)

UCAA Form 6 Certificate of Compliance	UCAA Form 7 Certificate of Deposit	Retaliatory Statement
Certificate of Authorization	Certificate of Compliance, Assets, Liabilities	Certificate of Compliance, Capital & Surplus
Certified Annual Statement	Certified Charter Documents	Certified Report on Exam
Other:		

#### Department of Insurance Use Only:

Date Request Received:

ASSIGNED INVOICE NUMBER:

Date Request Processed:

Request Processed by:

#### Payment Information

Total Cost: \$

Check Date: Check Number: Check Amount: